

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1								
2							51		
3							52		
4							53		
5							54		
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42							91		
43							92		
44							93		
45							94		
46							95		
47							96		
48							97		
49							98		
50							99		
TOTAL IND.	5						100		
TOTAL DEP.	21								
TOTAL CLAIMS	26								